

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004641

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 187

FILED JAN 25 1963

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

CLAYTON

Length of stay in 1b

1 WEEK

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

ST. LOUIS COUNTY HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

ST. LOUIS

admission)

c. CITY

OR

TOWN MOLINE ACRES

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS 2350 CHAMBERS

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CATHERINE

MARY

QUIRK

## 4. DATE

OF

DEATH

Month

Day

Year

JAN.

16,

1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-5-1893

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

## 11. BIRTHPLACE (City and state or country)

IRELAND

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JOHN KELLY

## 13b. MOTHER'S MAIDEN NAME

BRIDGET DONNELLAN

## 14. NAME OF HUSBAND OR WIFE

CORNELIUS (DECEASED)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

NO

NONE

## 16. SOCIAL SECURITY NO.

042

## 17. INFORMANT

JOHN QUIRK, 1015 WYCOMB

## Address

## 18. CAUSE OF DEATH (Enter only one cause of death)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Myocardial Insufficiency

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Severe Coronary Arteriosclerosis

## DUE TO (c)

Generalized Arteriosclerosis

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of Liver; Post-operative Status Left Liver Resection for Cancer of

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from - 1-8-63

to 1-16-63

and last saw her alive on 1-16-63

## -Death occurred at:

3:55 pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Original or title)

H.R. Feutz, M.D.

## 22b. ADDRESS

601 S. Brentwood Bl., Clayton.

## 22c. DATE SIGNED

1-17-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

JAN. 21, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

## 23d. LOCATION (City, town, or county)

ST. LOUIS, MISSOURI

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

CALVIN F. FEUTZ, 4828 NAT. BRIDGE BL.

## 25. DATE RECD. BY LOCAL REG.

1-18-63

## REGISTRAR'S SIGNATURE

John M. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Melnar

Licensed Embalmer No. 4186

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.